

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>091179 544</i>	FILING DATE <i>10-6-00</i>
						APPLICANT(S)	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/						
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TOTAL CLAIMS	//	SEARCHED	INDEXED	MAILED	FILED		
T. TAL IND.							
TOTAL DEP.		↓	↓	↓	↓		
T. TAL CLAIMS		SEARCHED	INDEXED	MAILED	FILED		